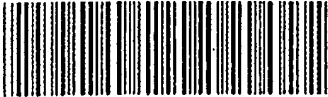



Supplemental

Issue Classification 	Application No.	Applicant(s)	
	10/605,352	LEVATINO, SAMUEL R.	
	Examiner	Art Unit	
	Kevin C. Simons	3763	

ISSUE CLASSIFICATION										
ORIGINAL		CROSS REFERENCE(S)								
CLASS	SUBCLASS	CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)							
433	215									
INTERNATIONAL CLASSIFICATION										
A61C	5100									
(Assistant Examiner) (Date)		<i>Kevin C. Simons</i> (Primary Examiner) (Date) <i>3/9/05</i>						Total Claims Allowed: <i>1</i>		
<i>Arnette Ruess</i> (Legal Instruments Examiner) (Date) <i>3/17/05</i>								O.G. Print Claim(s) <i>1</i>		O.G. Print Fig <i>2</i>

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant		<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47			
Final	Original	Final	Original	Final	Original	Final	Original	Final	Original
	1		31		61		91		121
	2		32		62		92		122
	3		33		63		93		123
	4		34		64		94		124
	5		35		65		95		125
	6		36		66		96		126
	7		37		67		97		127
	8		38		68		98		128
	9		39		69		99		129
	10		40		70		100		130
	11		41		71		101		131
	12		42		72		102		132
	13		43		73		103		133
	14		44		74		104		134
	15		45		75		105		135
<i>1</i>	16	<i>11</i>	46		76		106		136
<i>2</i>	17		47		77		107		137
	18		48		78		108		138
	19		49		79		109		139
	20		50		80		110		140
	21		51		81		111		141
	22		52		82		112		142
	23		53		83		113		143
	24		54		84		114		144
	25		55		85		115		145
	26		56		86		116		146
	27		57		87		117		147
	28		58		88		118		148
	29		59		89		119		149
	30		60		90		120		150
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Supplement 4

Issue Classification 	Application No.	Applicant(s)	
	10/605,352	LEVATINO, SAMUEL R.	
	Examiner	Art Unit	
	Kevin C. Simons	3763	

ISSUE CLASSIFICATION										
ORIGINAL		CROSS REFERENCE(S)								
CLASS	SUBCLASS	CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)							
433	215									
INTERNATIONAL CLASSIFICATION										
A61C	5100									
(Assistant Examiner) (Date)		Kevin C. Simons 3/9/05				Total Claims Allowed: 2				
Annette Lewis 3/17/05		(Primary Examiner) (Date)				O.G. Print Claim(s) 1		O.G. Print Fig. 2		

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant				<input type="checkbox"/> CPA				<input type="checkbox"/> T.D.				<input type="checkbox"/> R.1.47			
Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original		
	1		31		61		91		121		151		181		
	2		32		62		92		122		152		182		
	3		33		63		93		123		153		183		
	4		34		64		94		124		154		184		
	5		35		65		95		125		155		185		
	6		36		66		96		126		156		186		
	7		37		67		97		127		157		187		
	8		38		68		98		128		158		188		
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20	16		46		76		106		136		166		196		
	17		47		77		107		137		167		197		
	18		48		78		108		138		168		198		
	19		49		79		109		139		169		199		
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	21		51		81		111		141		171		201		
	22		52		82		112		142		172		202		
	23		53		83		113		143		173		203		
	24		54		84		114		144		174		204		
	25		55		85		115		145		175		205		
	26		56		86		116		146		176		206		
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	28		58		88		118		148		178		208		
	29		59		89		119		149		179		209		
	30		60		90		120		150		180		210		